

# Utah Health Status Update:

## *Eliminating Health Inequalities*

December 2003

Utah Department of Health

The *Healthy People 2010* initiative (HP2010), established by the U.S. Public Health Service, embraces two central goals: to increase quality and years of healthy life, and to eliminate health disparities among segments of the population. HP2010 acknowledges that differences in health status occur by gender, race and ethnicity, education and income, disability, geographic location, and sexual orientation.

At the time of the 2000 U.S. Census, only 85% of Utah's population was White/non-Hispanic, and the trend for increased diversity is expected to continue. For a variety of reasons, non-White and Hispanic/Latino Utahns bear a disproportionate burden of injury, illness, and death. This Health Status Update highlights some of the inequalities in health status among Utah's different race and ethnic communities.

### **Births to Teens**

Research indicates that bearing a child during adolescence is associated with long-term difficulties for the mother, her child, and society.

- Families begun in adolescence are at higher risk for living in poverty.
- Children are at higher risk for low birthweight and infant mortality.
- Children born to adolescent mothers are less likely to earn a high school diploma.
- In 2002, over 1,000 girls age 17 or younger gave birth. Fully a third of them were to Hispanic or Latina girls.
- The teen birth rate among Hispanic/Latina girls was 5½ times the rate for non-Hispanic/Latina girls.
- The teen birth rate among all other race groups was consistently higher when compared to White girls.

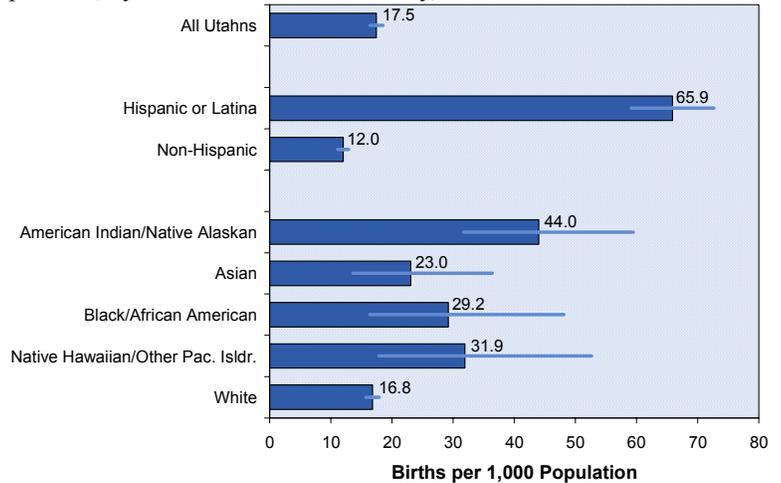
### **Infant Mortality**

Infant death is an important measure of a community's health and a worldwide indicator of health status and well-being. It is a critical indicator of the health of a population.

- Three causes account for more than half of all infant deaths: birth defects, conditions in the perinatal period (includes disorders of short gestation), and SIDS.

### **Teen Births**

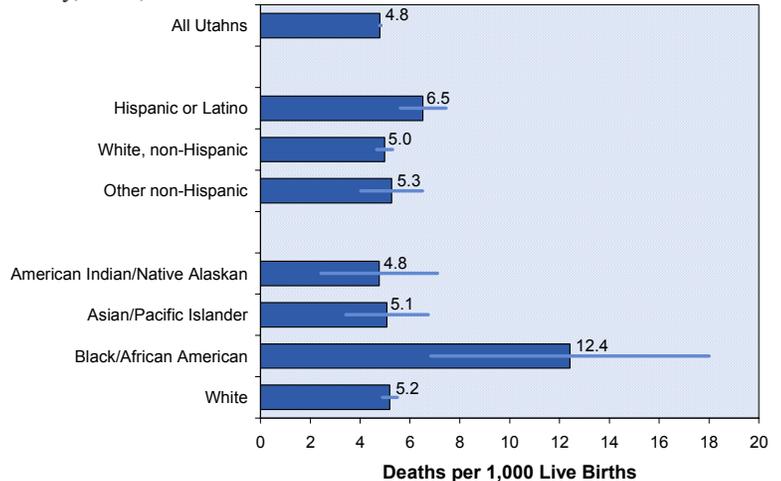
Figure 1. Number of live births to mothers aged 15-17 per 1,000 population, by mother's race and ethnicity, Utah 2002.



Source: UDOH, Office of Vital Records and Statistics, Birth Certificate Database  
 "High/Low" error bars represent 95% confidence intervals.

### **Infant Mortality**

Figure 2. Deaths at under 1 year of age per 1,000 live births by race and ethnicity, Utah, 1998-2002.



Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database  
 "High/Low" error bars represent 95% confidence intervals.

- Infant mortality, when resulting from a complicated delivery, is associated with increased risk of maternal mortality.
- Health insurance coverage and availability of adequate prenatal care reduce the risk of infant mortality.
- The mortality rate among Black infants was more than twice that found in the general population.

### Diabetes Prevalence (Diagnosed With Diabetes)

People with diabetes have death rates that are two to four times greater than for people without diabetes.

- Many diabetes-related deaths involved complications such as ketoacidosis, cardiovascular disease, and kidney failure.
- Proper management of diabetes requires regular routine check-ups, regular screening for signs of complications, consistent self-monitoring of blood sugar, regular exercise, and eating nutritious meals.
- There have been substantial improvements in technologies for self-management of diabetes in recent years, the most notable of which is the insulin pump.
- Diabetes prevalence is significantly higher among American Indian persons, and is also elevated for Native Hawaiian or Pacific Islander persons.

### Motor Vehicle Crash Deaths

Motor vehicle crashes (MVCs) are the leading cause of injury death, and the leading cause of death among persons age 0-24 years.

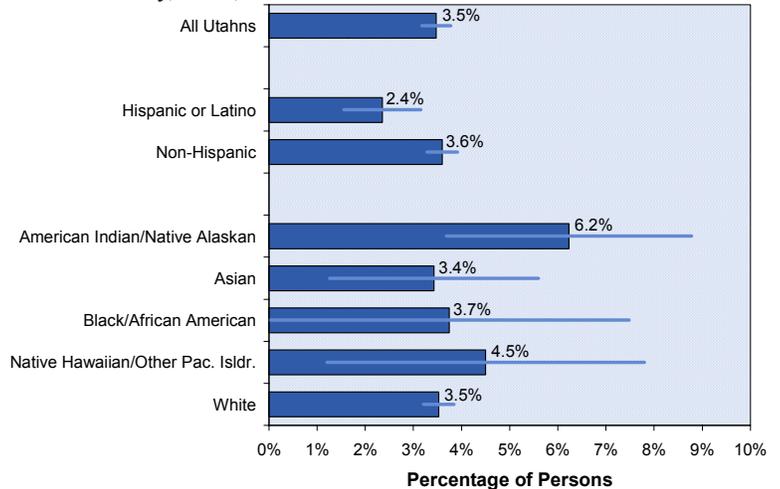
- The risk of death from motor vehicle crash is four times higher for American Indian Utahns.
- Some factors contributing to higher mortality among the American Indian population include use of seat belts and child safety seats, and the need to drive long distances on two-lane roads where livestock range freely.

### Conclusion

The U.S. Public Health Service<sup>1</sup> suggests that a multidisciplinary approach to achieving health equity is needed, "...an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself," and that reducing health disparities will require, "...empowering individuals to make informed health care decisions and in promoting communitywide safety, education, and access to health care." Local initiatives, such as those by the Utah Department of Health's Ethnic Health Advisory Committee, Utah's Community Health Centers, interested lawmakers, community and advocacy groups such as Centro de la Familia and Utah Issues, local health departments, and the Salt Lake Valley Healthy Communities Coalition work toward multidisciplinary solutions in Utah. Continued vigilance will be required to make additional gains in health equality.

### Diabetes Prevalence

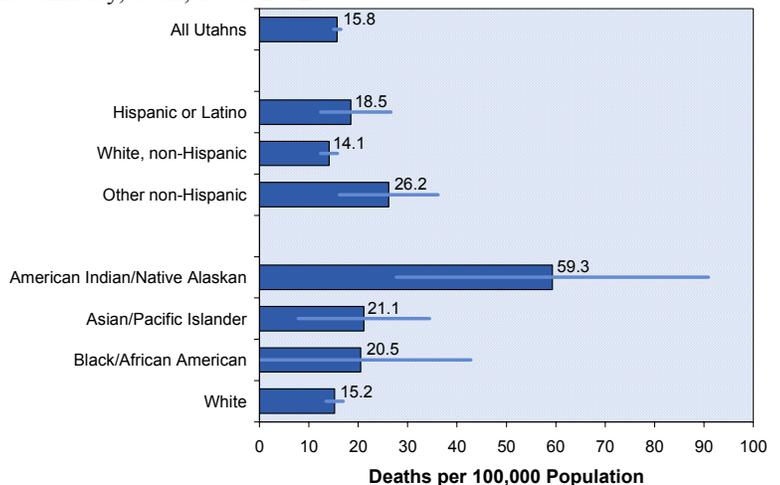
Figure 3. Percentage of persons who had been diagnosed with diabetes by race and ethnicity, Utah, 2001.



Source: UDOH, 2001 Utah Health Status Survey  
"High/Low" error bars represent 95% confidence intervals.

### Motor Vehicle Crash Deaths

Figure 4. Motor vehicle crash death rates per 100,000 population by race and ethnicity, Utah, 1998-2002.



Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database  
Age-adjusted to the U.S. 2000 standard population.  
"High/Low" error bars represent 95% confidence intervals.

The slides in this Update were excerpted from a presentation at Eliminating Health Inequalities, A Statewide Summit, in Salt Lake City, UT on November 13, 2003. A complete report will be available from the Utah Department of Health in early 2004.

1 U.S. Department of Health and Human Services. (2000). Healthy People 2010: Objectives for Improving Health. Washington, D.C.: U.S. Department of Health and Human Services, Government Printing Office.

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